

ATLANTA POLICE DEPARTMENT

APEX / K-9 Unit CANINE TRACKING LOG

Handle
r: _____

Case #: _____

Canine: _____

TRACKING DOG DEPLOYED	TYPE OF TRACK
Yes <input type="checkbox"/> No <input type="checkbox"/>	Article <input type="checkbox"/> Missing Person <input type="checkbox"/>

TRACKING RECORD

Starte d: :	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Total Time: Hrs: _____ Minutes: _____
Ended :		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

AREA SEARCHED

(TYPE)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Flat Land | <input type="checkbox"/> City | <input type="checkbox"/> Other body of water |
| <input type="checkbox"/> Hilly Land | <input type="checkbox"/> Road/Street | <input type="checkbox"/> Lake/Stream/River/Creek |
| <input type="checkbox"/> Wooded Land | <input type="checkbox"/> Country | <input type="checkbox"/> Contamination Unknown |
| <input type="checkbox"/> Crop Land | <input type="checkbox"/> Parking lot/Sidewalk | <input type="checkbox"/> Uncontaminated Area |
| <input type="checkbox"/> Other | <input type="checkbox"/> Contaminated Area | <input type="checkbox"/> Public Park |

WEATHER CONDITIONS

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Rain | <input type="checkbox"/> Light |
| <input type="checkbox"/> Fog | <input type="checkbox"/> Moderate |
| Snow | <input type="checkbox"/> N/A |
| Clear | <input type="checkbox"/> Wind Speed |
| Cloudy | <input type="checkbox"/> Dusty |

WORKING CONDITIONS

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Day | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Dusk | <input type="checkbox"/> Heavy |
| <input type="checkbox"/> Night | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wet | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Dry | <input type="checkbox"/> Muddy |

Comments:

Handler : _____ Date : _____
(Signature) _____

Supervis
or: _____ Date _____

(Signature) : _____

Form APD 652 10/31/11